

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18882

State File No. _____

Registrar's No. 5Registration District No. 304Primary Registration District No. 6046

1. PLACE OF DEATH:

- (a) County St Charles
(b) City or town Rural (Callaway)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days8. (a) PRINT FULL NAME Frederick Conrad Neddemeyer

8. (b) If veteran, ☒ name war. _____ 8. (c) Social Security No. _____

4. Sex mo 5. Color or race W. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Julia Neddemeyer 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased May 5 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 6 8 _____ hr. _____ min.

9. Birthplace Newmelle mo.
(City, town, or county) (State or foreign country)

10. Usual occupation
- Farming

11. Industry or business _____

12. Name
- Henry Neddemeyer

13. Birthplace
- Germany
-
- (City, town, or county) (State or foreign country)

14. Maiden name
- Charlotte Benzel

15. Birthplace
- Germany
-
- (City, town, or county) (State or foreign country)

16. (a) Informant's own signature
- F. Neddemeyer

- (b) Address
- Portistall Mo

17. (a)
- Burial
- (b) Date thereof
- May 16 1943
-
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Wright City Cem.

18. (a) Signature of funeral director
- Wright City

- (b) Address
- Wright City Mo

19. (a)
- May 15 1943
- (b)
- John Wickness
-
- (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St Charles

- (c) City or town Foneterre Rural
(If outside city or town limits, write "RURAL")

- (d) Street No. Callaway Trp.
(If rural, give location)

- (e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1943 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from March 9, 1943, to May 9, 1943, that I last saw him alive on 13th May, 1943, and that death occurred on the date and hour stated above.

- Immediate cause of death Alumina
Chr. Nephritis (interstitial)

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____

- (b) Date of occurrence _____

- (c) Where did injury occur? _____ (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

23. Signature Hubert J. Gillman (M. D. or other) _____Address Wright City, Mo Date signed 5/14/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.